

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050556

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 381

Primary Registration District No. 4515 Registrar's No. 107

FILED DEC 24 1963

1. PLACE OF DEATH

a. COUNTY Sullivan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Milan

Length of stay in 1b
2 wks.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION S. C. M. Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Grundy

c. CITY OR TOWN Galt

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Liberty Twp.

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
Charles Lee Shira

4. DATE OF DEATH
Month Day Year
Dec 18 - 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
10-8-1900

9. AGE (last birthday)
63

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer and School

10b. KIND OF BUSINESS OR INDUSTRY

Bus Driver

11. BIRTHPLACE (City and state or country)

Trenton, Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Edward Shira

13b. MOTHER'S MAIDEN NAME

Nora Hobbs

14. NAME OF HUSBAND OR WIFE

Minta Wilford Shira

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)

16. CRIMINAL RECORD
(If yes, give war or dates of service)

17. INFORMANT
Address
Mrs Minta Shira Galt, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). Enter terminal cause last.)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Massive Hemorrhage - cardiac failure -
October - 1963
gastroic ulcer possibly cancer surgery -
Pneumonia & Myocarditis

INTERVAL BETWEEN ONSET AND DEATH
few hours
metastatic cancer Nov 1963
3-5 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days?

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 1950 to Dec 1963 and last saw her alive on 12-18-63
Death occurred at 10:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Arthur E. Allen

22b. ADDRESS
Galt Missouri

22c. DATE SIGNED
12-19-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE
12-20-1963

23c. NAME OF CEMETERY OR CREMATORY
Berry Cem.

23d. LOCATION (City, town, or county) (State)
Galt, Mo.

24. FUNERAL DIRECTOR
Payne Funeral Home Galt, Mo.

25. DATE RECD. BY LOCAL REG.
12-19-63

26. REGISTRAR'S SIGNATURE
Mrs. M. W. Beckett

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 13 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3400

P. O. Address Galt

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.